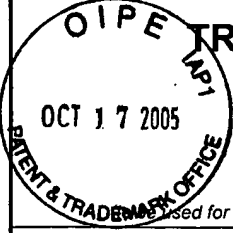


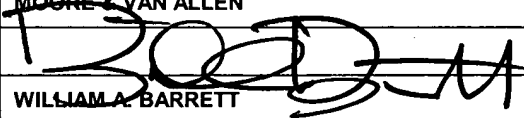
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|  |                      |                        |                 |
|--|----------------------|------------------------|-----------------|
|  <b>TRANSMITTAL FORM</b><br><small>Use for all correspondence after initial filing)</small> | Application Number   | 10/806,523             |                 |
|  | Filing Date          | March 22, 2004         |                 |
|  | First Named Inventor | Ekwuribe, Nnochiri N.  |                 |
|  | Art Unit             | 1654                   |                 |
|  | Examiner Name        | Russel, Jeffrey        |                 |
| Total Number of Pages in This Submission   | 2                    | Attorney Docket Number | 014811-242.64CT |

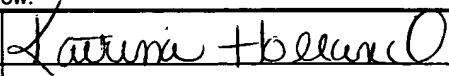
**ENCLOSURES (check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):<br><b>Acknowledgement Postcard</b> |
| Remarks<br><br>   |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | MOORE & VAN ALLEN   |          |        |
| Signature    |  |          |        |
| Printed Name | WILLIAM A. BARRETT  |          |        |
| Date         | October 14, 2005  | Reg. No. | 42,296 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |                  |
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| Typed or printed name   | Katrina Holland   | Date | October 14, 2005 |

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PTO/SB/122 (09-04)

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|---|------------------------|----------------------|
| <b>CHANGE OF</b>  | Application            | 10/806,523           |
| <b>CORRESPONDENCE ADDRESS</b>   | Filing Date            | March 22, 2004       |
| <i>Application</i>  | First Named Inventor   | Nnochiri N. Ekwuribe |
| Address to:<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Art Unit               | 1654                 |
|   | Examiner Name          | Jeffrey E. Russel    |
|   | Attorney Docket Number | 014811-242.64CT      |

|   |                        |     |
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| Please change the Correspondence Address for the above-identified patent application to:  |                        |     |
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| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>42,296</u>  |                        |     |
| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or<br>declaration. See 37 CFR 1.33(a)(1). Registration Number _____ |                        |     |
| Signature   |                        |     |
| Typed or Printed<br>Name William A. Barrett   |                        |     |
| Date October 14, 2005   | Telephone 919/286-8000 |     |
| NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*       |                        |     |
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